

TRAUMA AND PROTECTIVE FACTORS

WHAT SHOULD WE FOCUS ON?

**Lessons from the National Survey of Children's Health
2011-2012**



SOURCE: CHILD AND ADOLESCENT HEALTH MANAGEMENT INITIATIVE (2012). "2011-2012 NATIONAL SURVEY OF CHILDREN'S HEALTH (2012), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION. GRAPHICS AND ANALYSIS DONE BY THE ALASKA MENTAL HEALTH BOARD AND ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE STAFF

WHAT WILL BE COMPARED

- 1. Health**
- 2. Stress**
- 3. Protective Factors**



HEALTH

Children with Special Health Care Needs Screener CSHCN Screener©

Qualifying Answers:

1. Prescription Drug Use
2. Elevated Service Need
3. Functional Limitations
4. Special Therapies
5. Ongoing Emotional, Development or Behavioral Conditions

The NSCH uses the **CSHCN Screener**© to identify children with special health care needs. The Screener is a five item, parent-reported tool designed to reflect the federal Maternal and Child Health Bureau's consequences-based definition of children with special health care needs. It identifies children across the range and diversity of childhood chronic conditions and special needs, allowing a more comprehensive and robust assessment of children's needs and health care system performance than is attainable by focusing on a single diagnosis or type of special need.

This instrument has been used in several national surveys including the Promoting Healthy Development Survey, the CAHPS-CCC, the NSCH, the NS-CSHCN, and MEPS.

The CSHCN Screener was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). For more information, please visit the CAHMI website: <http://www.cahmi.org> or contact us by email:



SOURCE: CHILD AND ADOLESCENT HEALTH MANAGEMENT INITIATIVE (2012). "2011-2012 NATIONAL SURVEY OF CHILDREN'S HEALTH (2012), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION.

STRESS

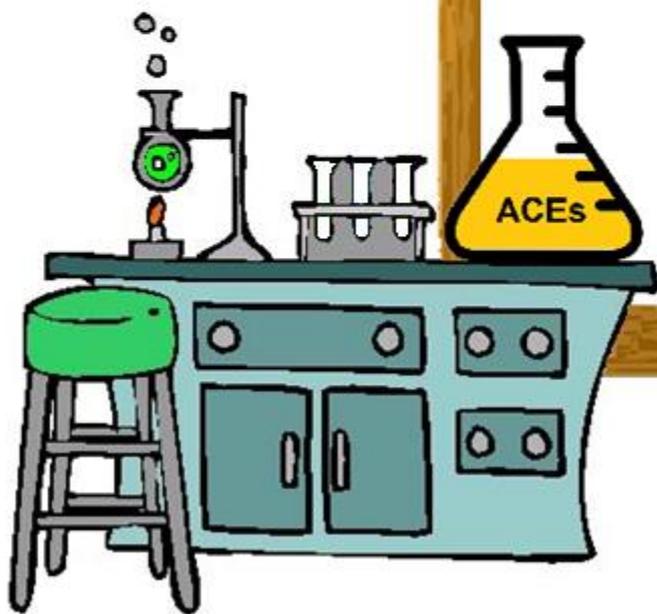
Adverse Childhood Experiences

Qualifying Answers:

1. Witnessed Domestic Violence
2. Lived with Household Substance Abuse
3. Lived with Household Mental Illness
4. Experienced Separation or Divorce
5. Death of a Parent
6. Neighborhood Violence
7. Experienced Racism or Bigotry
8. Experienced Poverty
9. An Incarcerated Family Member

Adverse Childhood Experiences (ACEs) have been explored for the past 20 years in relationship to social, economic and health outcomes of Alaskan adults'. These data can be found at the [Overcoming ACEs in Alaska](#) website sponsored by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. Analysis of the affects of ACEs for both Alaskan children and adults are available there as well as economic analysis of how some of Alaska's current spending on six health categories might be different if ACE scores were lower.

It is clear that Alaska has a high level of ACEs in the population but all around the state there are efforts to mitigate and prevent these experiences. Statewide efforts and local communities are recognizing the impact excessive childhood stress is having on their communities.



Population Attributable Fraction: CSHCN Present Cases

ACES		CSHCN Present		
		Present	Absence	
+	Present	81988	76672	158660
-	Absence	8892	17851	26743
		90880	94523	185403

$$RR = (a/(a+b)) / (c/(c+d))$$

$$RR = (a/(a+b)) / 1.554152$$

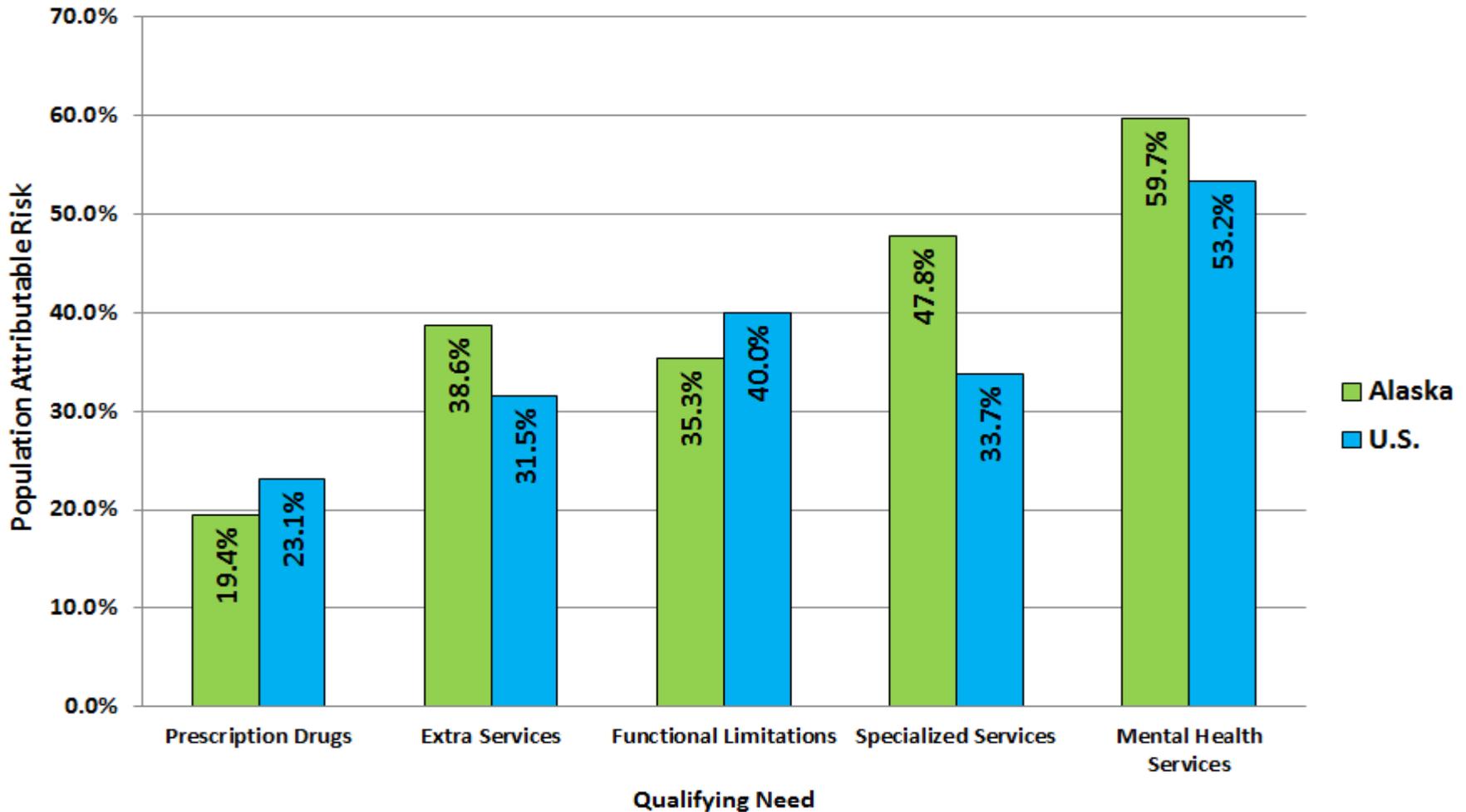
$$SE = \{ \ln(RR) \} = \text{SQRT} \left(\left(\frac{1}{a} + \frac{1}{c} - \frac{1}{(a+b)} - \frac{1}{(c+d)} \right) \right)$$

$$SE = 0.008998$$

$$AF_p = (RR - 1 / RR) * (\text{Exposed Cases} / \text{Overall Number of Cases})$$

$$AF_p = 32.17\%$$

Population Attributable Risk of ACEs for Each Qualify Need from the Children with Special Health Care Needs Screener



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

PROTECTIVE FACTORS

Various Questions and Scales to Which Measure Strengths

Qualifying Answers:

1. Family Structure
2. Detracting Neighborhood Elements
3. Neighborhood Cohesion
4. After School Activities
5. Self Regulation Skills
6. Parents Mental Health

Protective Factors, Assets, Resilience: What are they? What works?

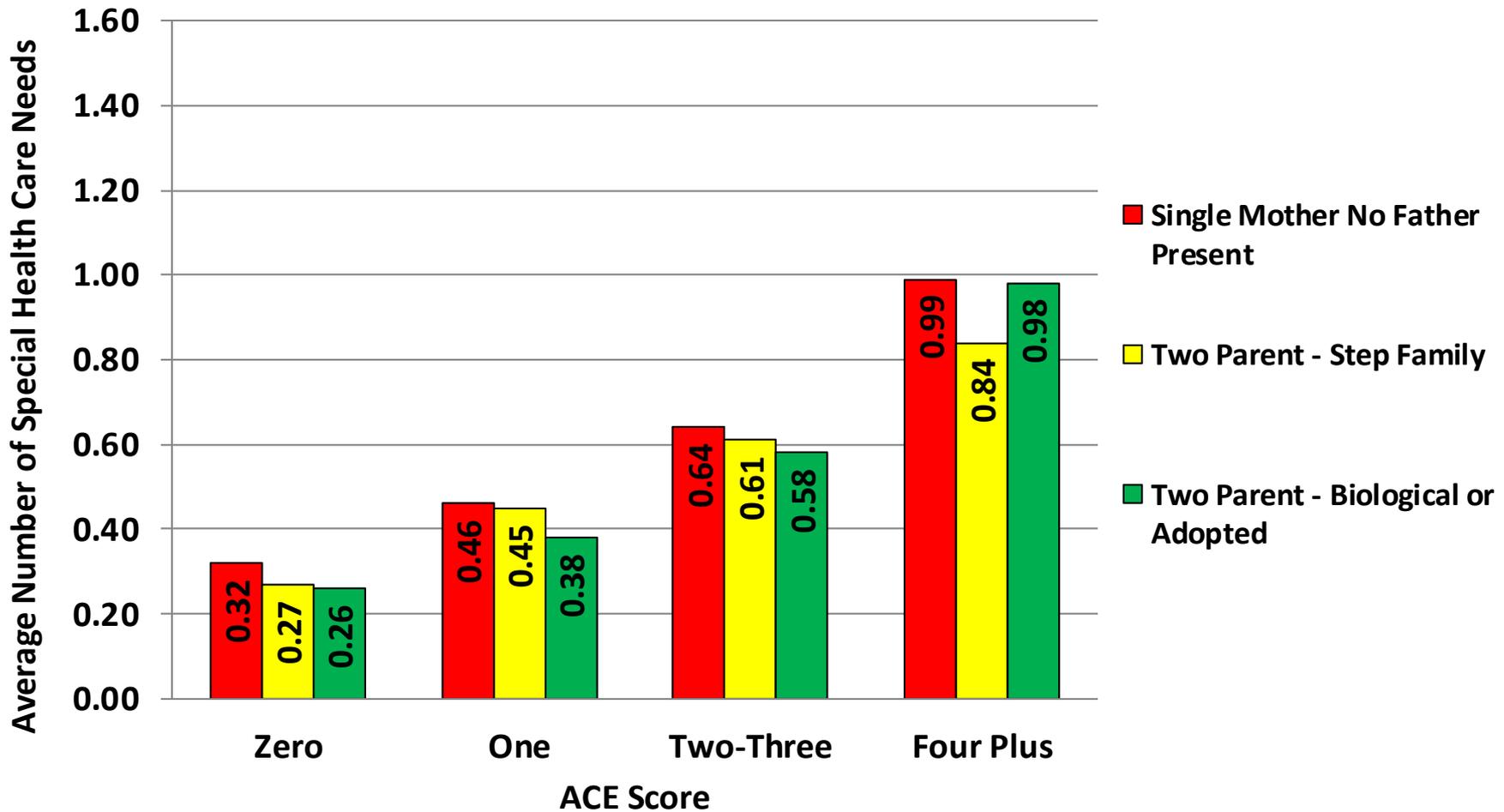
There are many ideas about what works when it comes to mitigating traumatic childhood stress and preventing the poor outcomes associated with it. The National Survey of Children's Health incorporated questions, which explored the strength of families and children, into the 2011-2012 questionnaire.

Family Structure

1. Single Mother No Father Present
2. Two Parent Step Family
3. Two Parent Biological or Adopted

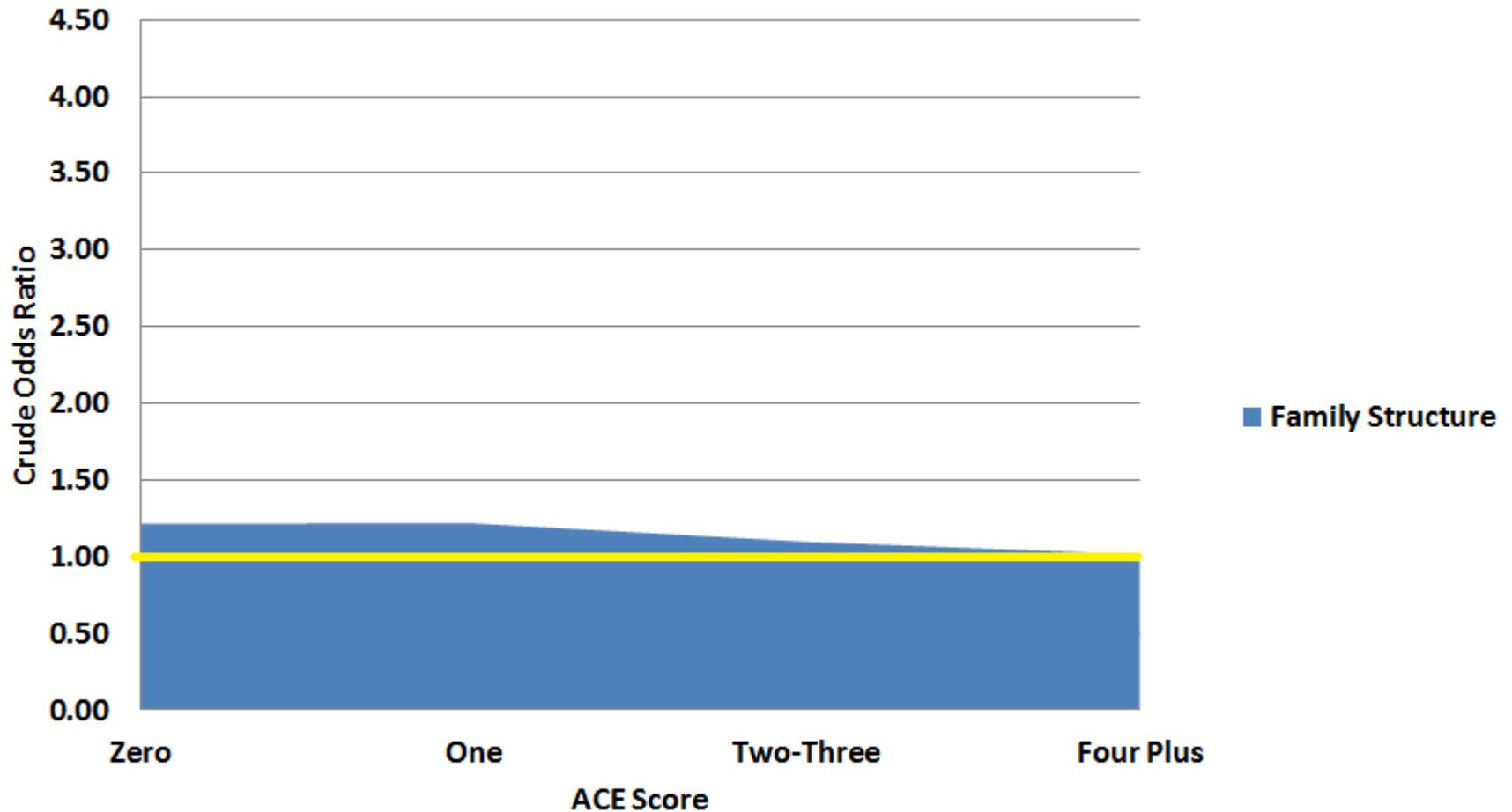


Average Number of CSHCN Screener Conditions by ACE Score and Family Structure (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Crude Odds Ratio of One Risk/Protective Factor on Special Health Care Conditions by ACE Score



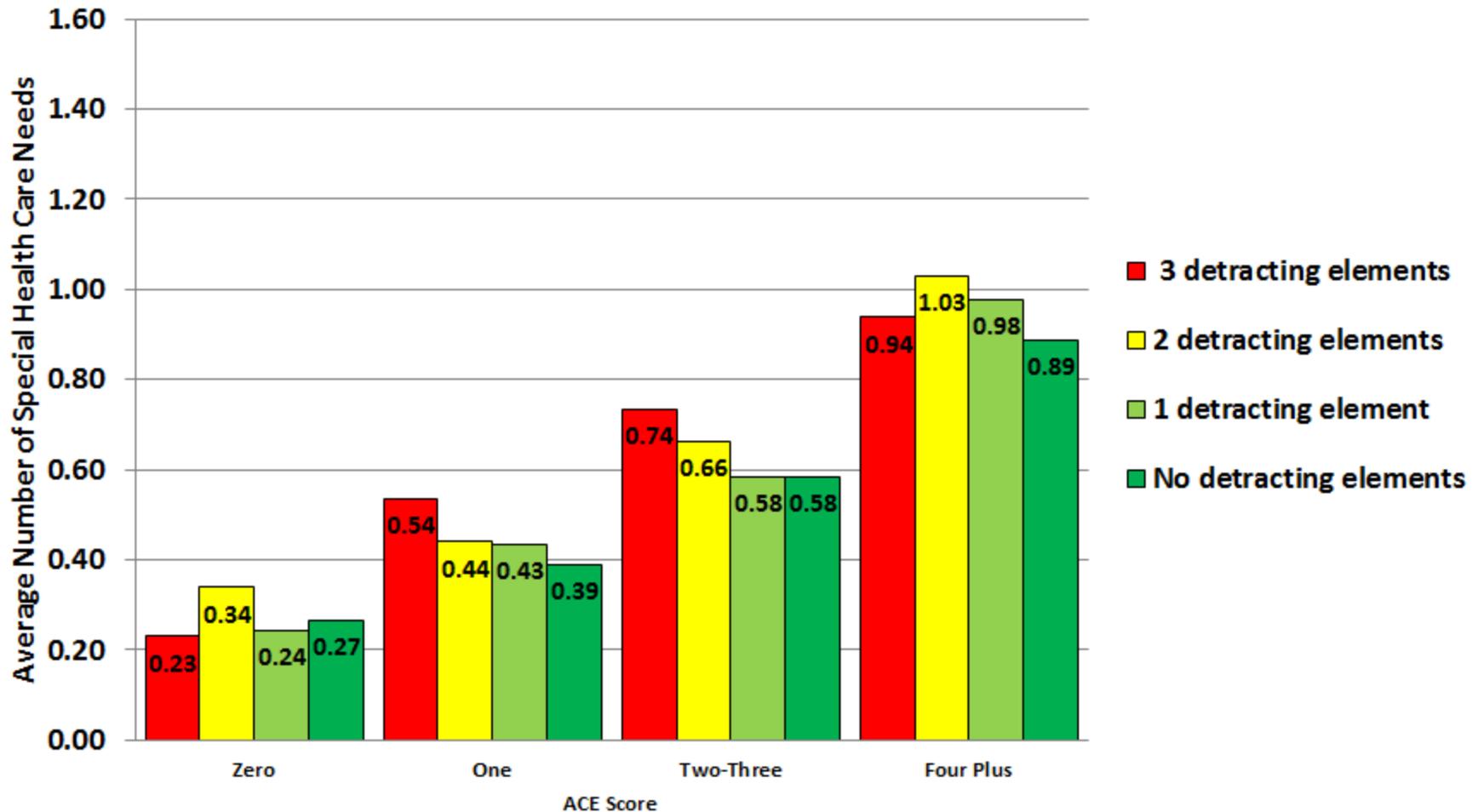
Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Detracting Elements

1. Litter or Garbage About
2. Dilapidated Housing
3. Broken Windows or Graffiti



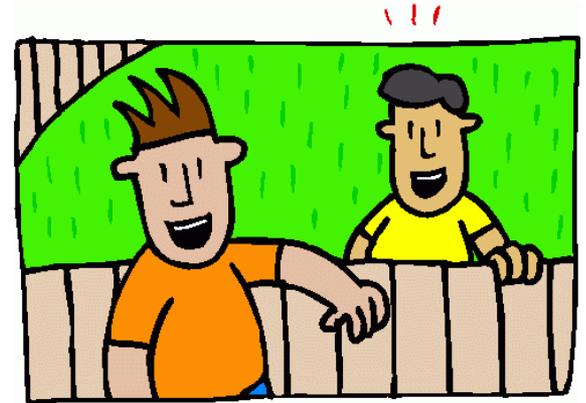
Average Number of CSHCN Screener Conditions by ACE Score and Number of Detracting Neighborhood Conditions (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

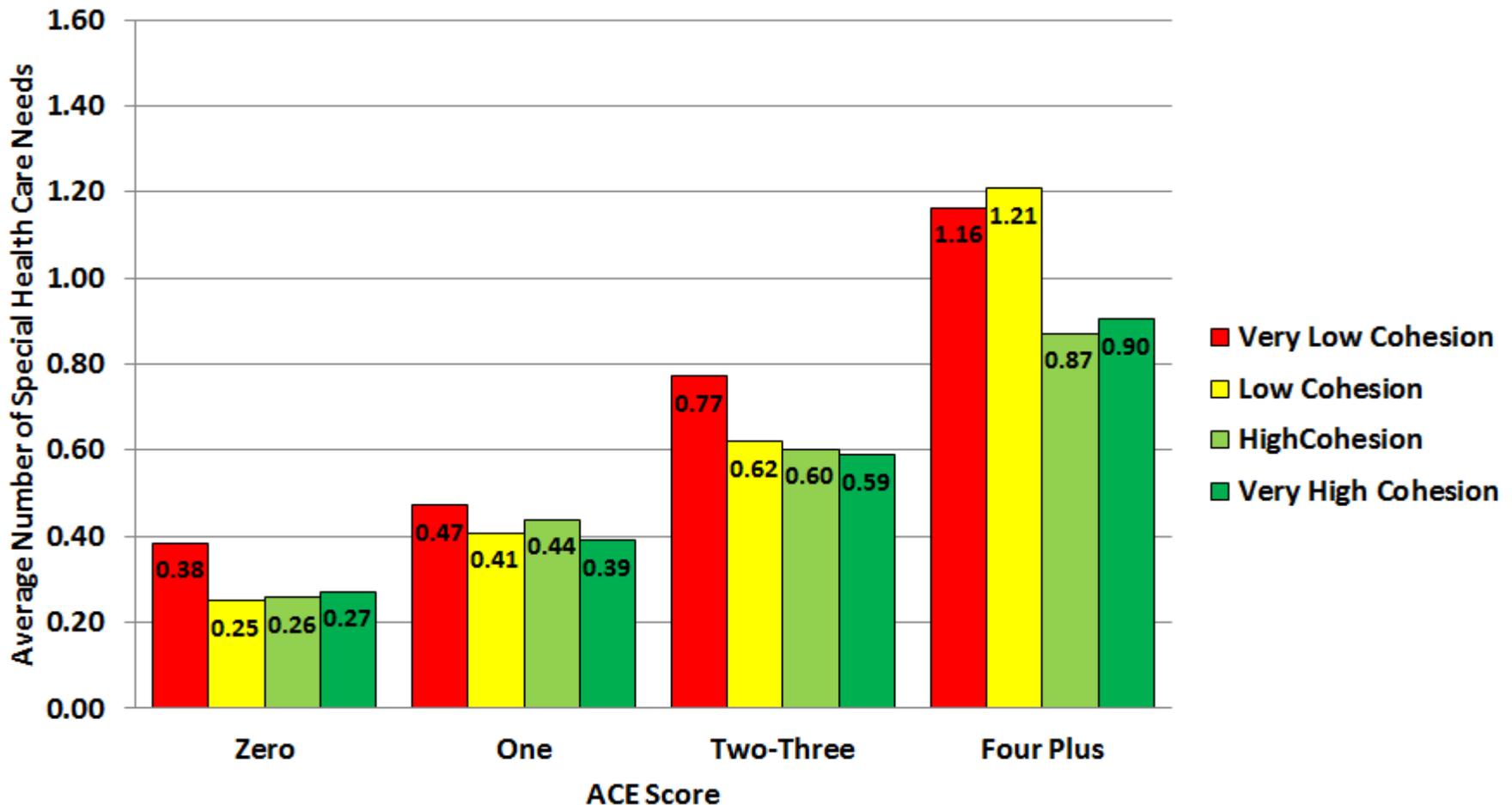
Neighborhood Cohesion

1. People Help Each Other Out
2. Watch Each Others Children
3. People to Count On
4. Adults I Can Trust



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

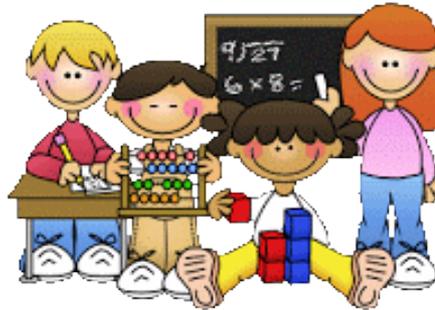
Average Number of CSHCN Screener Conditions by ACE Score and Neighborhood Cohesion (Age 6-17)



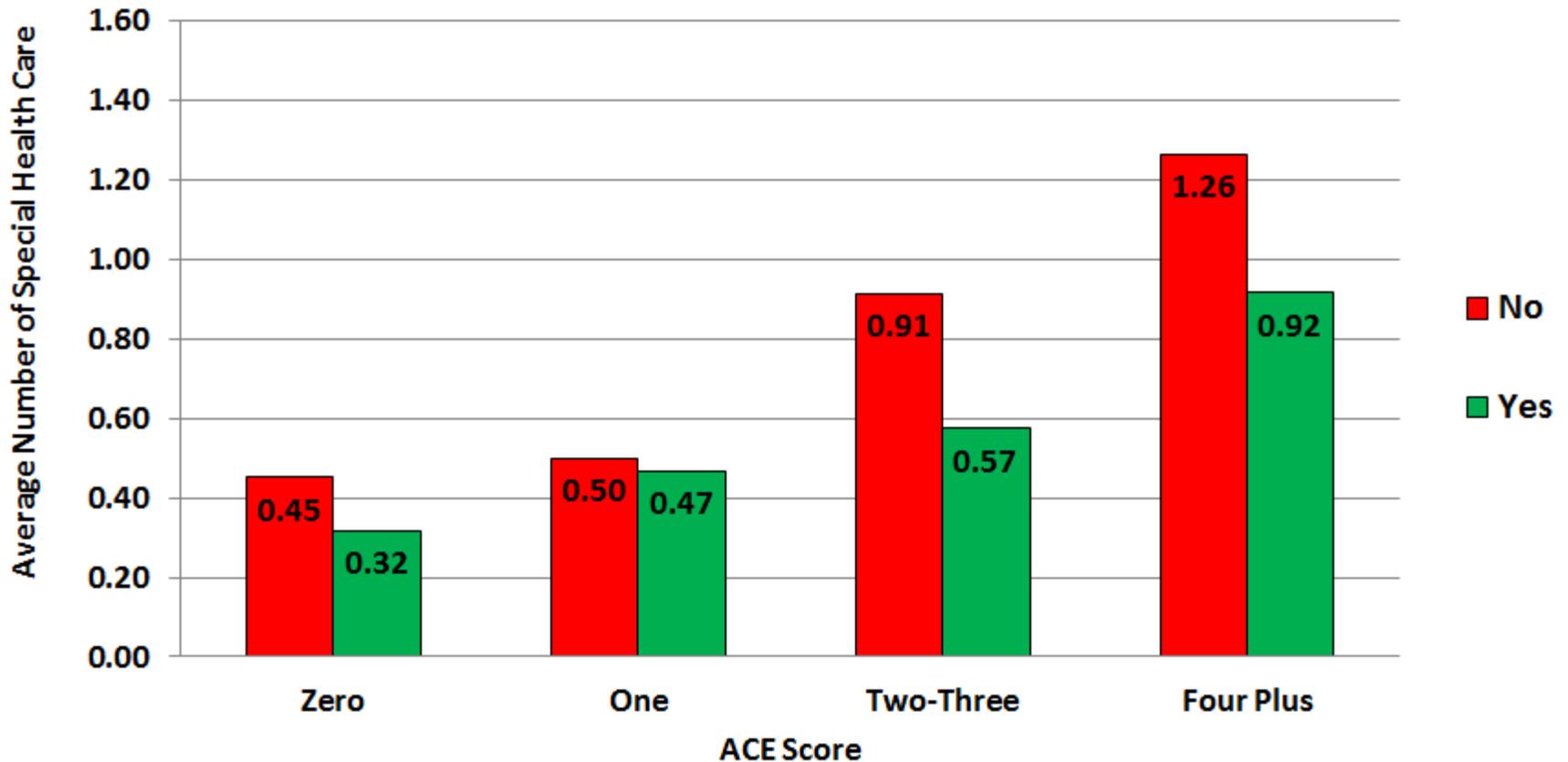
Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

After School Activities

1. During the past 12 months, was your child on a **sports** team or did he/she take sports lessons after school or on weekends?
2. During the past 12 months, did he/she participate in any **clubs or organizations** after school or on weekends?
3. During the past 12 months, did he/she participate in any other organized activities or lessons, such as **music, dance, language, or other arts**?



Average Number of CSHCN Screener Conditions by ACE Score and Participation in After School Activities (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Parents Mental Health

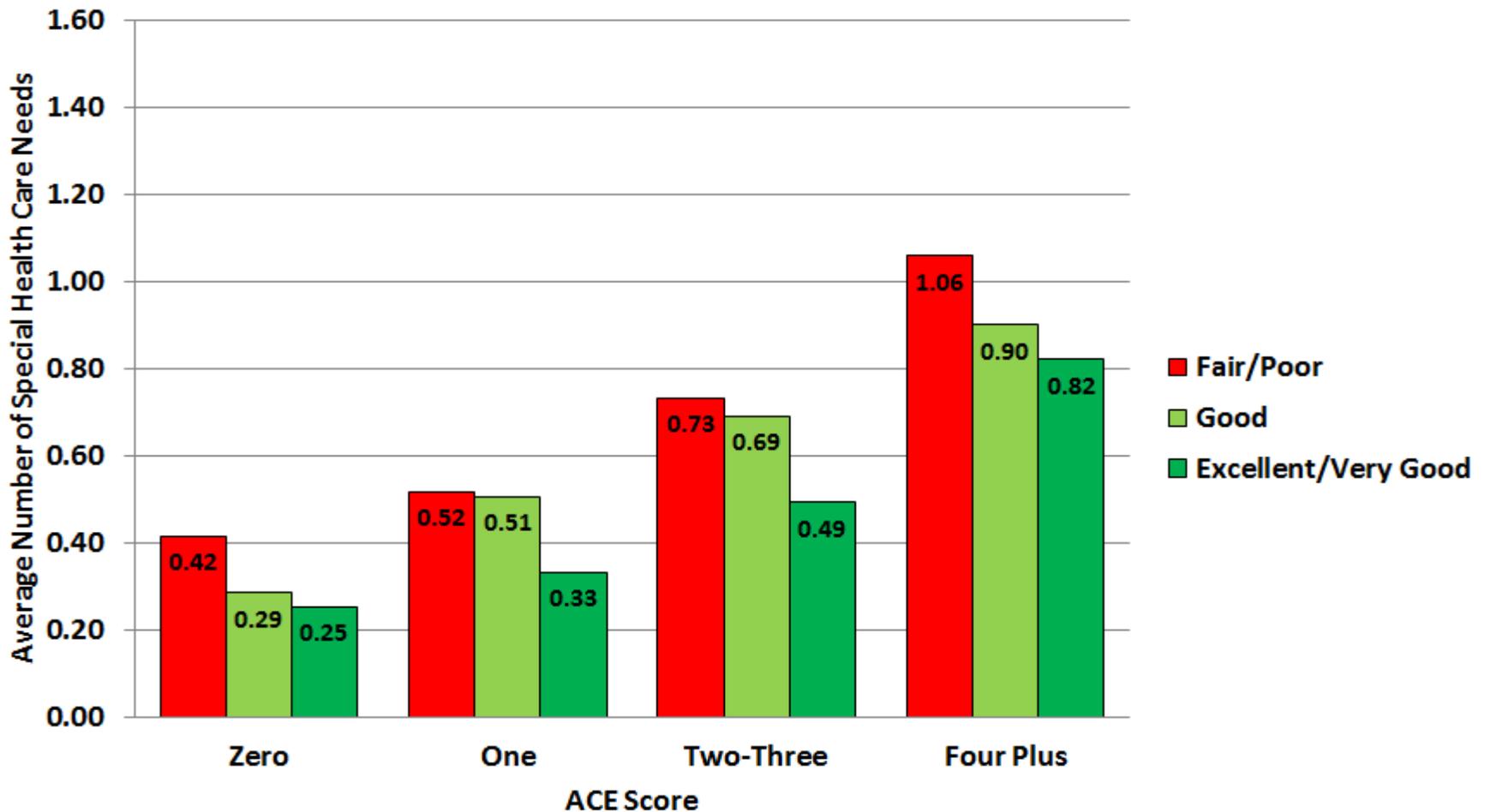
Poor/Fair

Good

Very Good/Excellent

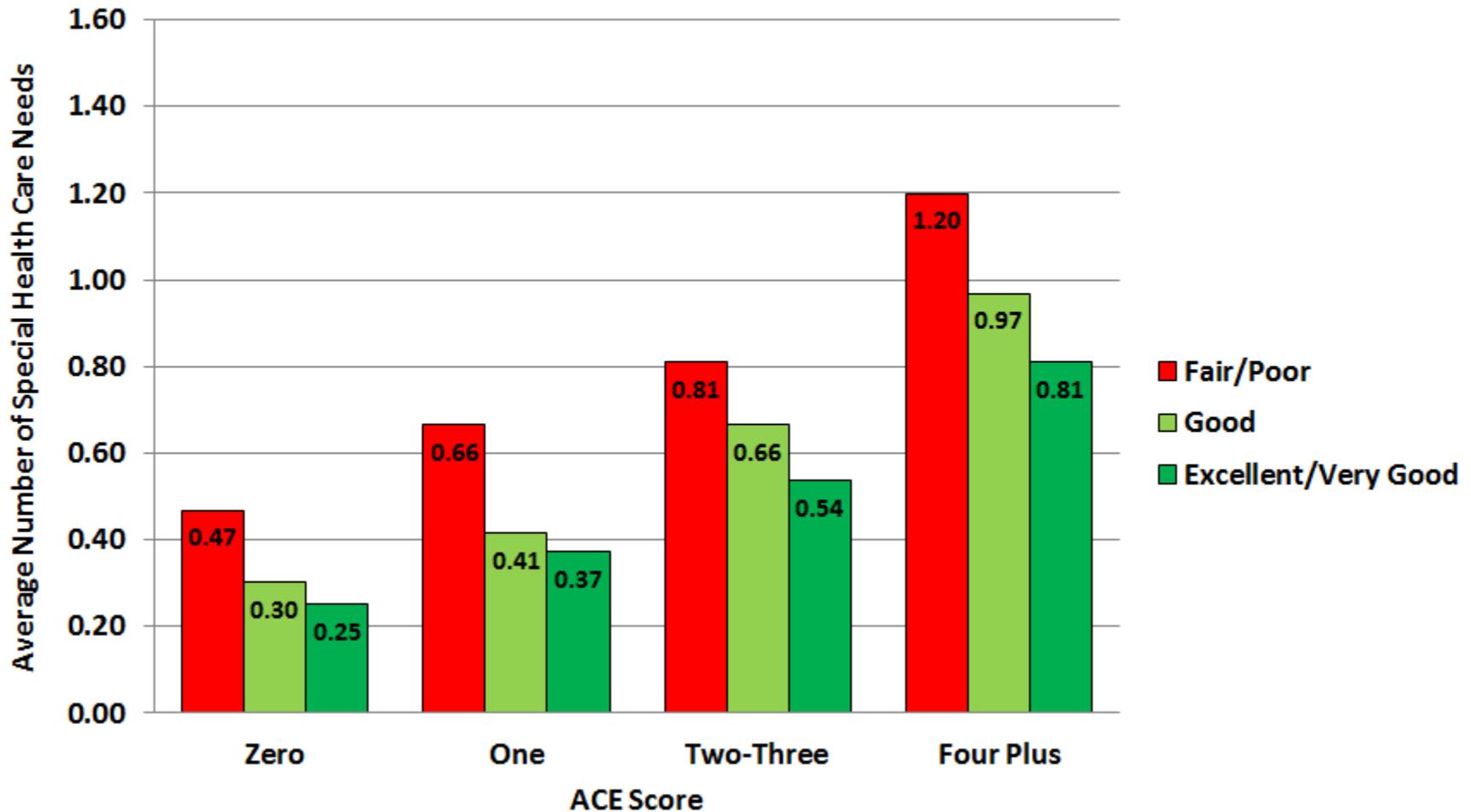


Average Number of CSHCM Conditions by ACE Score and Father's Mental Health Status (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Average Number of CSHCM Conditions by ACE Score and Mother's Mental Health Status (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Self Regulation

1. Finishes tasks and follows through on commitments
2. Stays calm and in control when facing a challenge
3. Shows interest and curiosity in learning new things

Self-Regulation



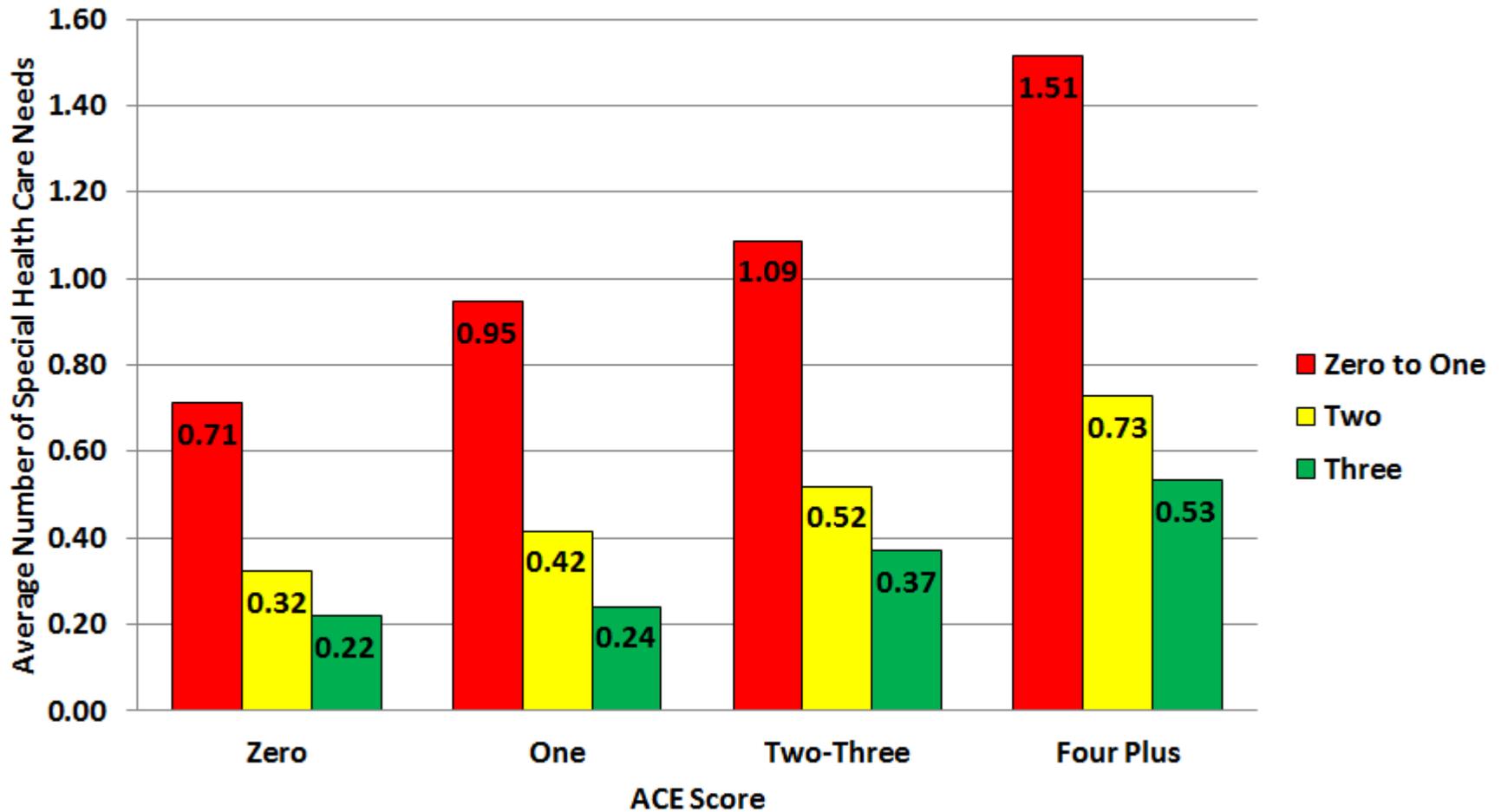
Curious

Reliable

Focused

Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Average Number of CSHCN Conditions by ACE Score and Number of Self-Regulation Skills (Age 6-17)



Source: Child and Adolescent Health Management Initiative (2012). "2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

Self-Regulation

- **Self-regulation serves as the foundation for lifelong functioning** across a wide range of domains, from mental health and emotional wellbeing to academic achievement, physical health, and socioeconomic success. It has also proven responsive to intervention, making it a powerful target for change.
- **Self-regulation is defined from an applied perspective as the act of managing cognition and emotion** to enable goal-directed actions such as organizing behavior, controlling impulses, and solving problems constructively.
- **Self-regulation enactment is influenced by a combination of individual and external factors** including biology, skills, motivation, caregiver support, and environmental context. These factors interact with one another to support self-regulation and create opportunity for intervention.
- **Self-regulation can be strengthened and taught like literacy**, with focused attention, support, and practice opportunities provided across contexts. Skills that are not developed early on can be acquired later, with multiple opportunities for intervention.

Self-Regulation

- **Development of self-regulation is dependent on “co-regulation” provided by parents or other caregiving adults** through warm and responsive interactions in which support, coaching, and modeling are provided to facilitate a child’s ability to understand, express, and modulate their thoughts, feelings, and behavior.
- **Self-regulation can be disrupted by prolonged or pronounced stress and adversity including poverty and trauma experiences.** Although manageable stress may build coping skills, stress that overwhelms
- children’s skills or support can create toxic effects that negatively impact development and produce
- long-term changes in neurobiology.
- **Self-regulation develops over an extended period from birth through young adulthood** (and beyond). There are two clear developmental periods where self-regulation skills increase dramatically due to underlying neurobiological changes—early childhood and adolescence – suggesting particular opportunities for intervention.

Source: Self-Regulation and Toxic Stress: Foundations for Understanding Self-Regulation from an Applied Developmental Perspective, Desiree W. Murray, Katie Rosanbalm, Christina Christopoulos, Amar Hamoudi Center for Child and Family Policy, Duke University